	<b>DEPARTMENT OF PUBLIC SAFETY</b>		<b>EFFECTIVE DATE:</b> <b>MAR 10 2010</b>	<b>POLICY NO.:</b> <b>COR.10.11.02</b>
	<b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>		<b>SUPERSEDES (Policy No. &amp; Date):</b> <b>COR.10.11.02 (12/29/08)</b>	
	<b>SUBJECT: INVOLUNTARY EMERGENCY TREATMENT</b> <b>AND MEDICATION</b>			<b>Page 1 of 4</b>

## 1.0 PURPOSE

The purpose of this policy is to provide guidelines for safe and effective use of PRN (pro re nata or "as needed") or STAT orders for the administration of involuntary emergency treatments and medications.

## 2.0 REFERENCES AND DEFINITIONS

### .1 References

- a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. Standards for Health Services in Prisons, National Commission on Correctional Health Care, (2008).
- c. Hawaii Revised Statutes, Section 334-123, Criteria for Involuntary Outpatient Treatment.
- d. USC 88-599 State of Washington v. Harper.

### .2 Definition

- a. Involuntarily: Without consent.
- b. Emergency: An immediate threat of harm to self or others due to psychiatric distress that cannot and has not been able to be ameliorated by other interventions that have been attempted by staff.

## 3.0 POLICY

- .1 Inmates may refuse to participate in medical or mental health treatments unless their refusal represents a danger to themselves or others or the safe operation of the institution.

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The following shall be documented in the patient's medical record as soon as possible:

- a. The patient's stated reasons for refusing medication or other treatment.
  - b. The patient's condition.
  - c. The threat or danger posed.
  - d. The reason for the involuntary treatment or medication.
  - e. The voluntary methods attempted.
  - f. The goals for treatment alternatives.
- .3 To the extent possible in an emergency, the involuntary intervention chosen shall meet therapeutic objectives and have a reasonable expectation that the treatment or medications will be beneficial to the inmate.
  - .4 Administration of emergency medications shall only be continued as long as required to mitigate the threat or danger.
  - .5 PRN orders for psychotropic medications are prohibited.

#### **4.0 PROCEDURES**

- .1 Treatment or medications may be involuntarily administered to an inmate if a potentially threatening condition or emergency exists that cannot be resolved with other interventions, and there is an imminent threat, danger or likely threat/danger based on the patient's past mental health history, to the health or safety of the inmate or others. The decision to order an involuntary treatment or medications shall be made only by a physician either in person or by telephone order. The order shall be documented by the physician or the nursing staff on DOC 0451: Mental Health Medication STAT/PRN Order Form – Emergency or Court Authorized.
- .2 Involuntary treatment or medications shall be administered with the least amount of force necessary. The inmate shall always be given the opportunity to accept the care voluntarily by the administering health care staff.
- .3 The physician's order for involuntary treatment or medications shall be valid for twenty-four (24) hours. The involuntary administration may be repeated if the order permits more than one administration during the twenty-four (24) hour period. After twenty-four (24) hours, if the involuntary order is still necessary, the patient must be re-evaluated by the physician and a new order rewritten.

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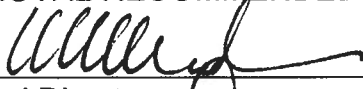
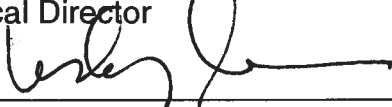
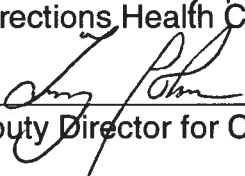
- .4 A nurse shall evaluate the patient within two (2) hours after involuntary medications are administered, and the encounter shall be documented in the medical record.
- .5 When the psychiatrist or other physician finds it necessary to renew involuntary treatment or medications for more than forty-eight (48) hours, the physician must bring the patient's case before a panel consisting, at a minimum, of a physician who is not involved in the patient's care, the Medical Director and the Mental Health Branch Administrator. Review and concurrence of the panel to continue the involuntary treatment must be documented in the inmate's medical records prior to resuming the involuntary treatment. If the psychiatrist finds it necessary to extend involuntary treatment or medications beyond seventy-two (72) hours, the psychiatrist must petition the court, through the Office of the Attorney General, for authorization of continued involuntary treatment or medications, consistent with COR.10.1G.17. The petition for involuntary treatment/medications, and any subsequent court orders, shall be documented in the inmate's medical records. A Treatment Plan Review must be convened within 72 hours if either two (2) STAT/PRN doses are administered in 24 hours or STAT/PRN doses are administered on 4 days out of 7, to consider treatment options.
- .6 Facilities unable to manage patients beyond initial stabilization and sedation will arrange the transfer of the patient to another correctional facility, which is more capable of providing the necessary care. If necessary, the facility's physician may order involuntary medications for the safe transport of the patient.
- .7 If the inmate requires psychiatric care of an intensity beyond the capability of the Department of Public Safety, the physician will consider movement to a more appropriate facility.

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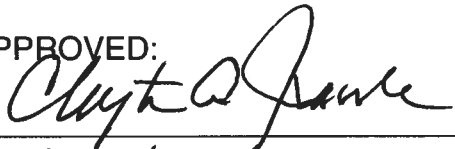
**5.0 SCOPE**

This policy and procedures applies to all correctional facilities and their assigned personnel.

**APPROVAL RECOMMENDED:**

	<u>3/8/10</u>
Medical Director	Date
	<u>3/8/10</u>
Corrections Health Care Administrator	Date
	<u>3/9/10</u>
Deputy Director for Corrections	Date

**APPROVED:**



Director 3/10/10

\_\_\_\_\_  
Date

MENTAL HEALTH MASTER TREATMENT PLAN

SERVICE DATE: \_\_\_\_\_

CASE MONITOR: \_\_\_\_\_

REVIEW DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ ADMISSION DATE: \_\_\_\_\_

SID: \_\_\_\_\_

DOB: \_\_\_\_\_

SHORT TERM TREATMENT PLAN

Behavior/Problem Description	Problem Code	Problem Severity	Response Code

LONG TERM TREATMENT OBJECTIVES

Treatment Objectives	Response Code	Staff I.D. Code

THERAPEUTIC RESTRAINT PLAN

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Completed by \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

MENTAL HEALTH MASTER TREATMENT PLAN

SERVICE DATE: \_\_\_\_\_

CASE MONITOR: \_\_\_\_\_

REVIEW DATE: \_\_\_\_\_

**CODES**

**PROBLEM CODE (DSM IV Dx)**

- 01 Psychotic symptom(s)**
- 02 Mood disturbances**
- 03 Specific organic factor likely**
- 04 Irrational anxiety, avoidance behavior, unusual arousal**
- 05 Other \_\_\_\_\_**

**PROBLEM SEVERITY**

**RISK LEVEL**

- |                                   |                 |
|-----------------------------------|-----------------|
| <b>05 Never/Not Present</b>       | <b>Low</b>      |
| <b>06 Sometimes/ Mild</b>         |                 |
| <b>07 Usually/Moderately</b>      | <b>Moderate</b> |
| <b>08 Almost always/Severe</b>    |                 |
| <b>09 Always/Extremely severe</b> | <b>HIGH</b>     |

**STAFF I.D. CODES**

- 10 Psychiatrist**
- 11 Psychologist**
- 12 Physician**
- 13 Psychiatric Social Worker**
- 14 Psychiatric Nurse**
- 15 Nurse Practitioner**
- 16 Nurse**
- 17 Paramedical Assistants**
- 18 Other\* \_\_\_\_\_**

**THERAPEUTIC INTERVENTIONS (Mark all that Apply)**

- A1 Therapeutic Mileu**
  - a. Recreation Therapy**
  - b. Therapeutic community**
  - c. Psycho/Social Education**
  - d. Social Skills**
- A2 Medication Therapy**
- A3 Individual Therapy**
- A4 Group Therapy**
- A5 Behavioral Treatment Plan**
- A6 Emergency Therapeutic Intervention**
- A7 Planned Use of Emergency Therapeutic Restraints**
- A8 Time-out Plan**

\*Please record your title on the line provided under Staff ID code, 198.